Saskatchewan
Health

# COMMUNITY HEALTH PREVENTION SERVICES MELFORT-TISDALE HEALTH REGION #11

# ANNUAL REPORT 1991

93-01667/

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## REGIONAL BOARD MEMBERS FOR 1991

Health District #1

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Mr. Alex Mudrik
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Health District #2

Ms. Minnie Deutsch
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S0E 1E0
PHONE: 862-3633

Mr. Harold McShannock
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S0E 0L0

PHONE: 768-3634

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Ms. Patricia Hackett
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S0E 0A0
PHONE: 769-8369

Mr. Ernest Litzenberger
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S0E 1B0
PHONE: 889-2064

Health District #4

Mr. Peter Foga, Chairman
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PRAIRIE RIVER, Sask.
S0E 1J0
PHONE: 889-4208

Mr. Albert Espenant
Box 946,
HUDSON BAY, Sask.
S0E 0Y0
PHONE: 865-3072

Health District #5

Mr. Carl Hogeman
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PHONE: 366-4606

Mr. Ed. Messaros
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S0K 3T0
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Health District #6

Mrs. Anna Prince
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Mrs. Elaine Gulutzan, Vice-Chair
Box 51
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PHONE: 287-4062

## 1992 MUNICIPAL HEALTH REPRESENTATIVES

| NAME | ADDRESS | REPRESENTING |
|---|---|---|
| **HEALTH DISTRICT NO. 1** | | |
| Ms. Shirley Eisner | Box 2048 Melfort, S0E 1A0 | City of Melfort |
| Mr. Richard Friesen | Box 521, Kinistino, S0J 1H0 | Town of Kinistino |
| Mr. Danny Parker | Box 226, Naicam, S0K 2Z0 | Town of Naicam |
| Ms. Cheryl Guy | Box 294, Star City, S0E 1P0 | Town of Star City |
| Mr. Paul Leray | Box 224, St.Brieux, S0K 3V0 | Village of St. Brieux |
| Mr. Eric Woode | Box 151, Weldon, S0J 3A0 | Village of Weldon |
| Mr. Forest Pederson | Box 447, Naicam, S0K 2Z0 | RM of Pleasantdale #398 |
| Mr. Ettore Quaroni | Box 698, Melfort, S0E 1A0 | RM of Lake Lenore #399 |
| Ms. Lena Bolen | Box 2433, Melfort, S0E 1A0 | RM of Star City #428 |
| Mr. Alex Mudrik | Box 94, Pathlow, S0K 3B0 | RM of Flett Springs #429 |
| Mr. Gerald Peterson | Box 1017, Melfort, S0E 1A0 | RM of Willow Creek #458 |
| Mr. Walter Dupin | Box 4, Beatty, S0J 0C0 | RM of Kinistino #459 |
| ----- | ----- | Village of Valparaiso |
| **HEALTH DISTRICT NO. 2** | | |
| Ms. Linda Palm | Box 613, Carrot River S0E 0L0 | Town of Carrot River |
| Ms. M. Pfrimmer | Box 73, Choiceland, S0J 0M0 | Town of Choiceland |
| Ms. Marie Perkins | Box 70, Codette, S0E 0P0 | Town of Nipawin |
| Ms. June Ryba | Aylsham, S0E 0C0 | Village of Aylsham |
| Ms. Lavera Olson | Box 37, Codette, S0E 0P0 | Village of Codette |
| Ms. Linda French | Box 88, Love, S0J 1P0 | Village of Love |
| Mr. Carl Berlin | Box 47, Smeaton, S0J 2J0 | Village of Smeaton |
| Mr. Vern Gabriel | Box 1479, Nipawin, S0E 1E0 | Village of Tobin Lake |
| Ms. Anne Reimer | Box 142, White Fox, S0J 3B0 | Village of White Fox |
| Mr. H. McShannock | Box 673, Carrot River S0E 0L0 | RM of Moose Range #486 |
| Mr. Martin Neufeld | Box 46, Gronlid, S0E 0W0 | RM of Nipawin #487 |
| Ms. Minnie Deutsch | Box 2531, Nipawin, S0E 1E0 | RM of Torch River #488 |
| **HEALTH DISTRICT NO. 3** | | |
| Ms. Pat. Hackett | Box 104, Arborfield, S0E 0A0 | Town of Arborfield |
| Mr. Maurice Taylor | Box 1090, Tisdale, S0E 1T0 | Town of Tisdale |
| Ms. C. Fountain | Box 82, Archerwiil, S0E 0B0 | Village of Archerwill |
| Mr. Brad Wearing | Box 221, Bjorkdale, S0E 0E0 | Village of Bjorkdale |
| Mr. E. Litzenberger | Box 102, Mistatim, S0E 1B0 | Village of Mistatim |
| Ms. Pat. Fitkowski | Box 83, Ridgedale, S0E 1L0 | Village of Ridgedale |
| Mr. George Favreau | Box 83, Zenon Park, S0E 1W0 | Village of Zenon Park |
| Ms. S. Duesener | Box 55, Mc Kague, S0E 0Z0 | RM of Barrier Valley #397 |
| Mr. Lyle Yager | Box 62, Crooked River S0E 0R0 | RM of Bjorkdale #426 |
| Mr. Wallace Samida | Box 635 Tisdale, S0E 1T0 | RM of Tisdale #427 |
| Ms. K. Bradshaw | Box 413, Arborfield, S0E 0A0 | RM of Arborfield #426 |
| Ms. Kathy Reed | Box 1658, Tisdale, S0E 1T0 | RM of Connaught #457 |

HEALTH DISTRICT NO. 4

| | | |
|---|---|---|
| Dr. L. Sandomirsky | Box 1088, Hudson Bay, S0E 0Y0 | Town of Hudson Bay |
| Mr. B. Warsylewicz | Box 310,Porcupine Plain S0E 1H0 | Town of Porcupine Plain |
| Ms. Olga Smith | Box 38, Carragana, S0E 0K0 | Village of Carragana |
| Mr. James Wallace | Box 114, Weekes, S0E 1V0 | Village of Weekes |
| Mr. Albert Espenant | Box 946, Hudson Bay, S0E 0Y0 | RM of Hudson Bay #396 |
| Ms. Brenda Gorniuk | Box 54, Prairie River, SpE 1J0 | RM of Porcupine Plain #395 |

HEALTH DISTRICT NO. 5

| | | |
|---|---|---|
| Mr. A. Muench | Box 993, Humboldt, S0K 2A0 | Town of Humboldt |
| Ms. Irene MacCuish | Box 81, Leroy, S0K 2P0 | Town of Leroy |
| Mr. Allan Doepker | Box 64, Annaheim, S0K 0G0 | Village of Annaheim |
| ----- | ----- | Village of Englefeld |
| ----- | ----- | Village of Lake Lenore |
| Ms. B. Pomedli | Box 178, Middle Lake, S0K 2X0 | Village of Middle Lake |
| Ms. Janice Korte | Box 186, Muenster, S0K 2Y0 | Village of Muenster |
| Mr. Duane Bauer | Box 73, Pilger, S0K 3G0 | Village of Pilger |
| Mr. Ed. Messaros | Box 73, St. Benedict, S0K 3T0 | Village of St. Benedict |
| Mr. Lyle Muyres | Box 106, St. Gregor, S0K 3X0 | Village of St. Gregor |
| Mr. Carl Hogemann | Box 174, Leroy, S0K 2P0 | RM of Leroy #339 |
| Mr. Cyril Hale | Box 425, Humboldt, S0K 2A0 | RM of Wolverine #340 |
| Mr. Francis Ehalt | Box 93, Annaheim, S0K 0G0 | RM of St.Peter #369 |
| Mr. Clarence Bauml | Box 1527, Humboldt, S0K 2A0 | RM of Humboldt #370 |
| Mr. C. Grundmann | Box 86, St. Brieux, S0K 3V0 | RM of Three Lakes #400 |

HEALTH DISTRICT NO. 6

| | | |
|---|---|---|
| Mr. L. Wytrykusz | Box 70, Kelvington, S0A 1W0 | Town of Kelvington |
| Mr. Marvin Holm | Box 460, Rose Valley, S0E 1M0 | Town of Rose Valley |
| Mr. Elmer Kelln | Wadena, S0A 4J0 | Town of Wadena |
| Mr. Dan Loehr | Box 52, Watson, S0K 4V0 | Town of Watson |
| Mr. Gordon Larson | Box 126, Fosston, S0E 0V0 | Village of Fosston |
| Mr. Bud Johns | Box 72, Margo, S0A 2M0 | Village of Margo |
| Ms. J. Dyok-Unruh | Box 234, Quill Lake, S0A 3E0 | Village of Quill Lake |
| Ms. V. Spizawaka | Box 47, Spalding, S0K 4C0 | Village of Spalding |
| Ms. Anna Prince | Box 136, Kuroki, S0A 1Y0 | RM of Sasman #336 |
| Mr. Alvin Lazar | Box 248, Wadena, S0A 4J0 | RM of Lakeview #337 |
| Mr. Jim Meiklejohn | Box 297, Quill Lake, S0A 3E0 | RM of Lakeside #338 |
| Mr. Tim Leurer | Box 519, Kelvington, S0A 1W0 | RM of Kelvington #366 |
| Mr. Douglas Muir | Box 308, Rose Valley, S0E 1M0 | RM of Ponass Lake #367 |
| Ms. Kathy Johnson | Spalding, S0K 4C0 | RM of Spalding #368 |

## CH-PSB PERSONNEL AT DECEMBER 31ST 1991

MELFORT, Sask., Box 6500 SOE 1AO FAX 752-6204 PHONE 752-6200

| | | |
|---|---|---|
| **BRYANT**, Dr. Malcolm (Twinned) | Medical Health Officer | 752-6182 |
| **BLACKLAWS**, Mary | Clerk Typist II (Chir.) | 752-6180 |
| **CRAVEN**, Patricia | Nutritionist | 752-6191 |
| **FRADETTE**, Brenda | Public Health Nurse I | 752-6194 |
| **JONES**, Dr. Jones | Chiropodist | 752-6199 |
| **KEHRIG**, Darlene | Clerk Typist II | 752-6200 |
| **MILLER**, Irene | Clerk Steno II | 752-6183 |
| **MONETA**, Shari (job-sharing) | Dental Health Educator | 752-6190 |
| **MYRHEIM**, Celine | Clerk Steno IV | 752-6184 |
| **NEIGEL**, Cindy | Speech and Language Pathology | 752-6198 |
| **OLSON**, Crystal | Clerk Typist II | 752-6185 |
| **RINDAHL**, Grace (Twinned) | Regional Nursing Supervisor | 752-6188 |
| **SELNES**, Sharon (job-sharing) | Public Health Nurse I | 752-6193 |
| **STREEETON**, Pat | Public Health Nurse I | 752-6192 |
| **TAYLOR**, Pat (job-sharing) | Public Health Nurse I | 752-6193 |
| **TERRY**, Douglas | Senior Public Health Inspector | 752-6186 |
| **TONDELL**, Judy | Public Health Nurse II | 752-6189 |
| **TYCKON**, Bill | Public Health Inspector II | 752-6196 |
| **WINGE**, Debbie | Assistant Chiropody | 752-6180 |
| **WONG**, Dr. Ruth (Twinned) | Early Childhood Psychology | 752-6197 |

HUMBOLDT, Sask. Box 1747 S0K 2A0 FAX 682-1702 PHONE 682-2626

| | | |
|---|---|---|
| **ADAMS**, Marliss | Public Health Nurse I | 682-2626 |
| **ALBERS**, Bernadette | Clerk Typist II | 682-2626 |
| **PARENTEAU**, Laura | Public Health Inspector II | 682-2626 |
| **RUTHVEN**, Myrna | Dental Health Educator | 682-2626 |
| **SIEMACHESKY**, Karen | Public Health Nurse I | 682-2626 |
| **TATARYN**, Alice | Public Health Nurse I | 682-2626 |

HUDSON BAY, Sask. Box 187 S0E 0Y0 FAX 865-2429 PHONE 685-1775

| | | |
|---|---|---|
| **BLOCK**, Judy | Clerk Typist II | 685-1775 |
| **RUDYCHUK**, Margaret | Public Health Nurse I | 685-1775 |

NIPAWIN, Sask. Box 1438 S0E 1E0 FAX 862-1862 PHONE 862-1775

| | | |
|---|---|---|
| **ARMSTRONG**, Avril | Community Therapist | 862-1775 |
| **BADER**, Richard | Public Health Inspector II | 862-1775 |
| **HARPER**, Rennie | Clerk Typist II | 862-1775 |
| **KERR**, Lorraine | Public Health Nurse I | 862-1775 |
| **KLASSEN**, Laura | Public Health Nurse I | 862-1775 |
| **PYNE**, Diane (job-sharing) | Public Health Nurse I | 862-1775 |
| **SCHREINER**, Celia (job-sharing) | Dental Health Educator | 862-1775 |
| **TRITES**, Joan (job-sharing) | Public Health Nurse I | 862-1775 |

TISDALE, Sask. Box 1297 SOE 1TO FAX 873-2039 PHONE 873-2641

| | | |
|---|---|---|
| BONE, Eileen (job-sharing) | Public Health Nurse I | 873-2641 |
| **CLEAVLEY**, Julie | Public Health Nurse I | 873-2641 |
| **KAPELLER**, Sharon | Clerk Typist II | 873-2641 |
| **LALONDE**, Debbie | Public Health Nurse I | 873-2641 |
| **NORDLUND**, Shirley | Clerk Typist | 873-2641 |
| **ROGERSON**, Heather (job-share) | Public Health Nurse I | 873-2641 |

WADENA, Sask. Box 580 SOA 4JO FAX 338-2510 PHONE 338-2538

| | | |
|---|---|---|
| **BOWMAN**, Evelyn | Clerk Typist II | 338-2538 |
| **EVANS**, Marie | Public Health Nurse I | 338-2538 |
| **IRVING**, Anne-Marie | Public Health Nurse I | 338-2538 |
| **WIRTZ**, Elaine | Clerk Typist | 338-2538 |

## REGIONAL DIRECTOR'S REPORT

I arrived in Melfort in August, and so have been Regional Director for only 5 months of the current year. I would like to express my thanks to Grace Rindahl for her work as Acting Regional Director for the last two years, and for her assistance in negotiating the transition period, which has been very smooth.

This has been a stressful year for the region, but one that ends with great hope. I am proud to head a team of dedicated professional and support staff who have worked extremely hard to ensure that the people of the health region receive the best possible service. At the same time, we all have to face the reality that our service is severely stressed by budgetary constraints, and that radical change is required if we are to modify the patterns of disease which cause so much suffering and hardship in our population. Our hope is that with the recently announced emphasis on wellness, that more emphasis will be given to primary preventive activities.

As is traditional in public health services, the bulk of our resources this year have been directed towards the prevention and spread of infectious diseases. These "communicable" diseases can be spread in many ways, but usually through direct contact, improper waste disposal, incorrect water treatment, poor personal hygiene, or the incorrect handling of food-stuffs. In line with this, our strategy has continued to be one of immunizing the population against selected diseases (to prevent the disease from occurring), providing prompt follow-up of people who have communicable diseases, (to prevent further spread), and control of water, sewage and food handling, (to eliminate the source of disease). These strategies are tried and tested, and our staff have successfully prevented widespread disease outbreaks during the year.

In addition to the more traditional role, our service has concentrated on several other key preventive strategies:

- The screening of pre-school children for vision, hearing and developmental level to facilitate early diagnosis, referral, and correction of problems;
- The identification of target groups known to be at risk of poor health outcomes such as teen mothers, or those at risk of developing heart disease;
- Public Education to specifically targeted groups, such as school age children or those responsible for food-handling; and,

- The provision of secondary prevention to children with speech or behavioral problems through our speech and early childhood phycology programs.

As you will see from the individual reports each discipline has been working very hard, with the result that we have seen some very important new initiatives such as the comprehensive review of our CHC sites, the Fluoride Mouthrinse Program and the Eat Smart for Your Heart workshop series. However, you may also note an element of frustration that we are unable to fully address the problems we face with our existing resources.

During the last year, a great deal of effort has been put into improving the management of the health region. This has involved careful planning and monitoring of resources, with care being taken to identify not only sources of waste but effective ways to improve efficiency. New practices have been adopted to deal with identified problems, with the result that the region is able to use its limited resources more effectively. To illustrate the degree of success, the expenditures in the health region for the current fiscal year will be within 1% of the approved budget - a remarkable achievement.

As mentioned earlier, the level of staffing in the region has remained critical. This has not been due to the lack of qualified staff, but because of restraints that prevent us from hiring. Much work has been done both locally and at a branch level to rectify this situation, but at the time of writing, we remain critically short staffed. Despite this shortage, we have continued to leave a percentage of our available positions vacant at the direction of the central government, for "vacancy management".

I have also spent a great deal of time working with the Regional Board of Health in determining how to strengthen the communication between the branch and the board, so that the board can play its full role as an advocate for prevention in the community. It has been an interesting journey for all of us, and we expect that the coming year will see a new and effective role emerging for both the regional board, and the local boards of health in the region.

I wish to extend my thanks to all the staff of the region who have worked so tirelessly during the last year, with an especial thank-you to our small but effective group of support staff.

Malcolm Bryant
Regional Director

# MEDICAL HEALTH OFFICER'S REPORT

I would like to extend my sincere thanks to Dr. Don Watler who has provided coverage as Medical Health Officer from Yorkton during the last two years, and who has been of such assistance in orienting me to the region and the Province.

As Medical Health Officer, it is my role to monitor the health of the population of the region, and ensure that effective preventive measures are taken to control or eliminate diseases responsible for illness or death. Because of my brief time as M.H.O., it is difficult for me to draw effective conclusions at this stage, however, I have drawn out a few important statistics to illustrate the scope of the problems that we face.

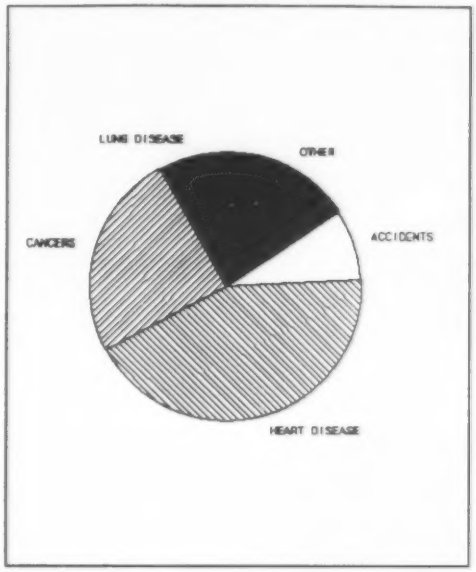
1 Preventable causes of death,

Figure 1 shows us the most common causes of death for the last year.

I have not broken these down in more detail for this report as it would become too confusing, but it is interesting to note that:

- The majority of accidental deaths are preventable;

**Figure 1** MAJOR CAUSES OF DEATH IN 1991



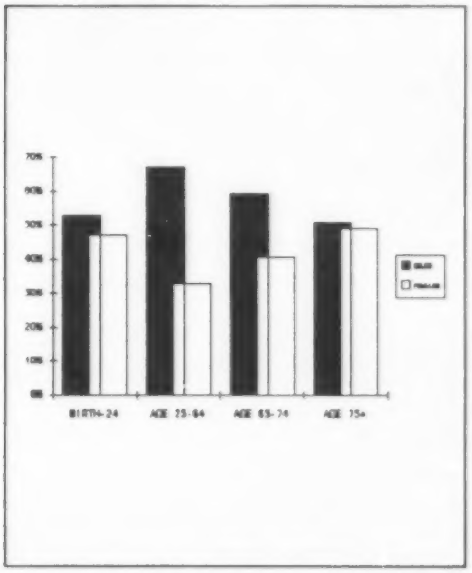

- Over half of the deaths due to heart disease are preventable;
- Half the deaths due to lung disease are preventable; and,
- One third of the deaths due to cancers, are preventable.

The preventive measures necessary are simple, for example stopping smoking, eating the appropriate diet, and increasing the amount of exercise. Much more effort has to be placed on these interventions if we are to make an impact on these preventable causes of death.

Figure 2 shows us how the balance of deaths between the sexes changes with

age, which reflects the differing lifestyles of men and women. If this region follows world-wide trends, we will see this gap narrowing in the coming years.

**Figure 2** DIFFERENTIAL DEATH RATES BY SEX AND AGE



## 2 Communicable diseases

Because of the severity of certain diseases, and their ability to be spread throughout the population, specific diseases are designated as notifiable, and as such, we provide special follow-up and monitoring. We notified 168 diseases this year, but because every health region has a different population, I have adjusted the numbers to cases per 100,000 people, so that we can make direct comparisons across the province.

The Melfort-Tisdale Health region has a very low rate of communicable disease transmission when compared to the rest of the Province. The rate of 240 cases/100,000 people breaks down equally between infectious diseases and sexually transmitted diseases. These are illustrated in figure 3 (Infectious Diseases) and figure 4 (Sexually Transmitted Diseases). The most common communicable diseases that we have seen have been water- and food-borne diseases. It is important to note that although we have succeeded in controlling the communicable diseases at this time, this success is only maintained by constant work and vigilance by our nursing and inspection staff.

In addition to the above, we have seen two small outbreaks in the region during the year:

German Measles (Rubella) became common in school-age boys who were missed in early vaccination campaigns. We are currently instituting a campaign to immunize all boys who were not immunized as children.

Whooping Cough (Pertussis) also had a small outbreak in the late summer, but we were able to control the spread by active control measures.

**Figure 3** INCIDENCE OF COMMUNICABLE DISEASE IN SASKATCHEWAN

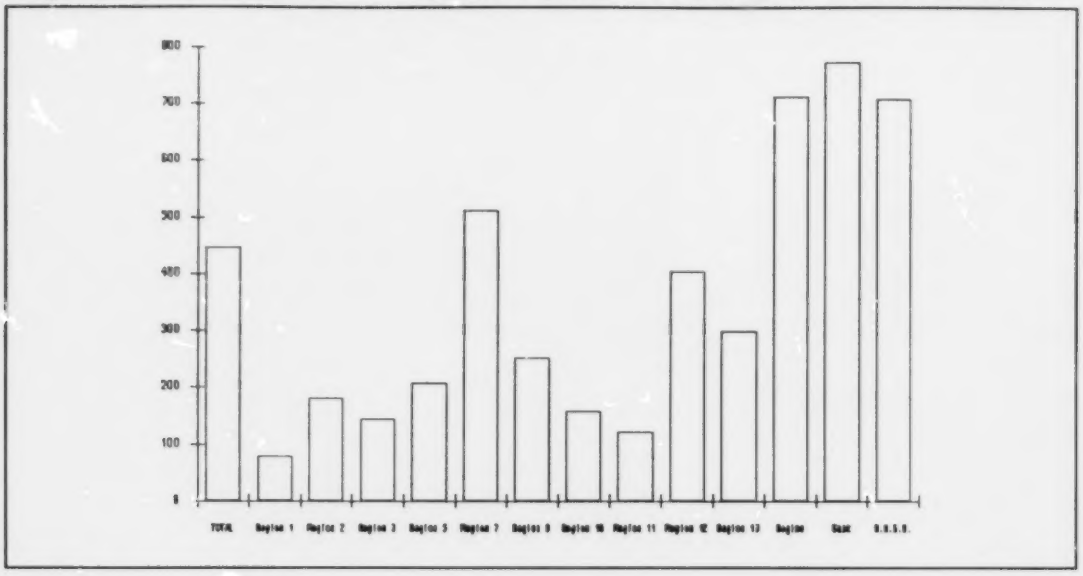
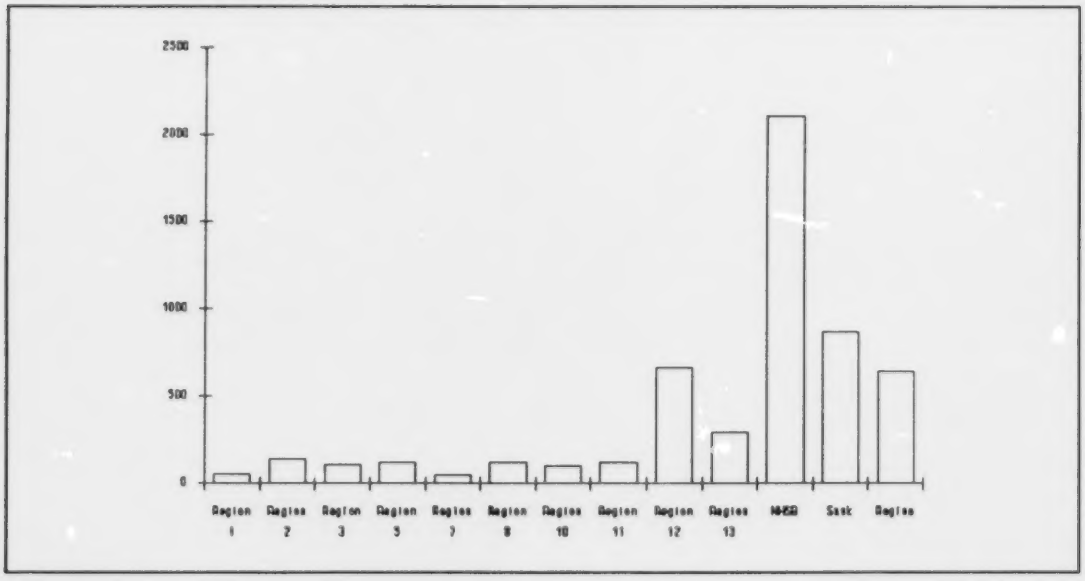


**Figure 4** INCIDENCE OF SEXUALLY TRANSMITTED DISEASES IN SASKATCHEWAN



## 3 The targeting of teen pregnancy

We know through clinical experience and observation, that certain socioeconomic or other groupings in our society have a higher incidence of problems than others. One key target in the past year has been teenage pregnancy. Melfort mirrors the provincial norms, in that approximately 10% of the children born in the region are to teenage mothers, and so and in the year to come, we will be making a special effort to target this area, and we are looking at ways to collaborate with a broader range of agencies in the community.

I look forward to the coming year, and a chance to work more closely with the community and the staff of CH-PSB to improve the health of the whole community.

Malcolm Bryant
Medical Health Officer

## PUBLIC HEALTH NURSING REPORT

The Regional Nursing Supervisor position remained twinned with the Prince Albert Health Region for the entire year. From January to August 15, 1991 Judy Tondell acted in this position. At that time Grace Rindahl returned to her home position as the Regional Nursing Supervisor when the Regional Director position was filled which she was covering off until August 15, 1991. Pat Streeton acted as the PHN II while Judy Tondell was acting as the RNS.

Four maternity leaves took place throughout different parts of the year. They were in Tisdale (Eileen Bone & Debbie Lalonde), Nipawin (Bonnie Meier), Wadena (Yvonne Silzer). There was also one career leave option granted in the Nipawin office for 6 months. The leaves were all covered off in various ways either by hiring new staff Laura Klassen, (Nipawin) and Anne Marie Irving (Wadena) or by coverage from adjacent offices. Some of these nursing positions were in the vacancy management plan, and therefore were not filled for various lengths of time.

Sharon Selnes in the Melfort office returned to her position on a casual basis and then to job share in August 1991. This makes a total of 3 job sharing nursing positions in the region at the end of 1991.

The Nobody's Perfect Parenting Program showed growth this year as all the district offices now, except Melfort, have a trained PHN facilitator to conduct the program in their area. Three nurses were trained to be facilitators this year (Tisdale, Hudson Bay & Humboldt). This is a 1 week training program that they attended in Prince Albert. Sessions have been held at Tisdale, Hudson Bay, Wadena & Humboldt.

The new Pediculosis Protocol was introduced into the schools in the fall of 1991. School personnel, parents & students were orientated. This methods allows for a much greater educational aspect and recognizes pediculosis control as a community problem and a cooperative effort between parents, school, public health and the medical community to control it. Various meetings have been held to further clarify any misunderstandings. It is felt that 1992 will see this program operating smoothly. PHN's submitted 59 reports, involving from 1-9 classrooms, of incidents where they have done health teaching and follow-up on pediculosis referrals from schools.

The Vision Screening Evaluation was completed in 1991 and

recommendations on changes are forthcoming.

The nurses screened:

75.5% of eligible 4 year olds (640)
92.5% of eligible 6 year olds (801)
96.9% of eligible 9 year olds (769)

The Support Program for Pregnant Adolescents continued throughout the year. The results for 1991 are as follows:

36 adolescents were admitted to the program
16 schools were involved.

This is an increase over last year. The majority of referrals came from teachers and physicians followed by self-referrals.

The Tisdale District Public Health Office relocated to the mall in that town in May 1991. The move has been very positive, and having this District Office located in the mall has created more opportunity for meeting with the public and has increased opportunities for PHN's to do preventive health teaching.

Student Field Experience was provided by the Public Health Nurses for the College of Nursing in Saskatoon. One post-registered nurse student was placed in the Nipawin District Office for two weeks and one basic nursing student was placed in Tisdale.

The Public Health Nurses continued with their inservice program. Four PHN's attended the Continuing Education session for PHN's in Practice, held in May at the University. This completes the 3 year theme on the 'Family'.

A great deal of time was spent by the Nursing supervisory staff and the Regional director to improve upon the Child Health Center locations in the Health Region. Many have been upgraded, some closed due to low birth rates and all have been made safe and clean. CHC sites will be evaluated periodically to ensure that all sites continue to meet standards in the critical areas of safety and cleanliness.

The Public Health Nurses entered into a new program area in August 1991. The well elderly over the age of 65 were immunized with influenza vaccine. By September 16, 1991 the nurses were setting up sites throughout the whole health region at the Senior Citizens Center and immunizing. They completed this program by the end of 1991 and had a very successful result of approximately 38% well elderly being immunized in this region. Over 50% were immunized when all the data

was analyzed with what other health care professionals had done as well. Staff have evaluated this program and made their recommendations to the Regional Director.

The postpartum Parent Support Program is in place in a number of hospitals in this Health Region. This program ensures that consistent information is provided to parents in the hospital and in the community by the various professionals who provide a service to the client.

This year nursing has looked more critically at what we can do towards promoting health and healthy life styles under the concept of a wellness model. PHN's have shared their ideas and suggestions with nurses across the province. At present we hear the phrase "Working Toward Wellness: A Saskatchewan Vision for a Health Future". We look forward to the opportunity of making this vision a reality.

I would like to thank the Public Health Nurses for their dedication, support and enthusiasm shown throughout the year as they deliver preventive services to the public in the Melfort Tisdale Health Region. Also a thank you to the clerical staff and all the disciplines in the region and agencies outside with whom nursing interfaces throughout the year.

A special thanks to Dr. Malcolm Bryant who joined the staff in the last four and a half months of 1991. He has shown great leadership, interest, guidance and support as we face the changes and challenges of the day.

Grace Rindahl
Regional Nursing Supervisor

| INFANT AND PRESCHOOL SERVICES | Total | | Infant | | Preschool | |
|---|---|---|---|---|---|---|
| Immunizations: | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 |
| D.P.T* | 3824 | 3530 | 2155 | 1984 | 1669 | 1546 |
| D.T.** | 137 | 108 | 38 | 41 | 99 | 67 |
| Oral Polio | 3992 | 3613 | 2207 | 2011 | 1785 | 1602 |
| M.M.R.*** | 847 | 750 | -- | -- | 847 | 750 |
| Hib**** | 725 | 694 | -- | -- | 725 | 694 |
| Other | 77 | 66 | 58 | 34 | 19 | 32 |
| Developmental Screening | 3517 | 3269 | 1384 | 863 | 2133 | 2406 |
| - Failures | 37 | 27 | 9 | 5 | 28 | 22 |
| Hearing Screeing | 4310 | 3912 | 2093 | 1499 | 3327 | 2413 |
| - Failures | 69 | 92 | 5 | 0 | 64 | 92 |
| Speech-Language Screening | 747 | 678 | -- | -- | 747 | 678 |
| - Failures | 115 | 65 | -- | -- | 115 | 65 |
| Vision Screening (first screens) | 796 | 701 | -- | -- | 796 | 701 |
| - Failures | 36 | 62 | -- | -- | 36 | 62 |
| Nutrition Assessment | 5735 | 5195 | 2092 | 2141 | 2833 | 3050 |
| - Failures | 30 | 17 | 15 | 5 | 34 | 12 |
| Physical Assessment | 5783 | 5231 | 2858 | 2168 | 2925 | 3063 |
| - Failures | 102 | 96 | 44 | 36 | 58 | 60 |
| Total Births for 1990 & 1991 | 840 | 814 | | | | |

*Diphtheria, Pertussis, Tetanus. **Diphtheria, Tetanus. ***Measles, Mumps, Rubella. ****Haemophilus Influenza type b

| HOME VISITS OR CONTACTS | Total | | Home Visits | | Interviews/Other | |
|---|---|---|---|---|---|---|
| | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 |
| Prenatal | 717 | 647 | 235 | 169 | 482 | 978 |
| Postnatal | 1195 | 1177 | 634 | 618 | 561 | 559 |
| Infant | 1037 | 978 | 185 | 165 | 85 | 813 |
| Preschool | 1274 | 1268 | 275 | 234 | 999 | 1034 |
| School Age | 1372 | 1309 | 287 | 226 | 1085 | 1083 |
| Adult:<br>- Under 65+ | 1979 | 2092 | 451 | 382 | 1528 | 1710 |
| - 65+ | 1353 | 1959 | 576 | 587 | 777 | 1392 |

| SCHOOL PROGRAM | | |
|---|---|---|
| Student Programs | 1990 | 1991 |
| - Teacher/Nurse Conference | 1313 | 975 |
| - Students Seen | 7272 | 6611 |
| Education Program | | |
| - Students attending | 3507 | 4224 |
| Number of immunizations | 7272 | 2585 |

| PREGNANT ADOLESCENT SUPPORT PROGRAM | 1990 | 1991 |
|---|---|---|
| Total No. Referreed: | 14 | 36 |
| No. of schools involved | 9 | 16 |
| No. of Adolescents who attended prenatal classes | 9 | 10 |
| Total No. of home visits made to adolescents | 70 | 87 |

## COMMUNICABLE DISEASES

| Public Health Nurses Follow-up | 1990 | 1991 |
|---|---|---|
| - Total No. | 126 | 125 |
| - Gastrointestinal | 101 | 80 |
| - Hepatitis A | 5 | 6 |
| - Hepatitis B | 0 | 2 |
| - Rubella | 0 | 2 |
| - Pertussis | 2 | 8 |
| - Other | 14 | 27 |

PRENATAL CLASS ATTENDANCE

| | Class 1 Expecting | | Class 2 Nutrition | | Class 3 Labor and Delivery | | Class 4 Hospital Experience | | Class 5 Adjustment | | Class 6 The Newborn | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 | 1990 | 1991 |
| No. of Classes Taught | 21 | 20 | 20 | 15 | 27 | 24 | 27 | 24 | 21 | 33 | 24 | 33 |
| No. of Mothers Attended | 124 | 133 | 127 | 95 | 183 | 173 | 251 | 165 | 115 | 143 | 131 | 125 |
| No. of Primigravidas | 101 | 119 | 112 | 85 | 165 | 150 | 151 | 147 | 101 | 127 | 112 | 104 |
| No of Mothers: | | | | | | | | | | | | |
| 17 & younger | 3 | 10 | 3 | 8 | 3 | 8 | 8 | 13 | 0 | 8 | 1 | 5 |
| 18-35 | 120 | 119 | 119 | 86 | 189 | 63 | 175 | 154 | 110 | 133 | 126 | 118 |
| Over 35 | 1 | 1 | 11 | 1 | 10 | 3 | 9 | 11 | 4 | 2 | 4 | 2 |
| No. of Fathers/Coaches attended | 104 | 118 | 111 | 82 | 186 | 158 | 173 | 145 | 107 | 123 | 111 | 109 |
| New registration: | | | | | | | | | | | | |
| No. of Mothers | | | 23 | 11 | 51 | 44 | 11 | 13 | 2 | 6 | 2 | 0 |
| No. of Fathers/coaches | | | 27 | 11 | 49 | 40 | 9 | 13 | 2 | 5 | 2 | 0 |

## PUBLIC HEALTH INSPECTION REPORT

The inspection division staff was unchanged in numbers this year. Three district Inspectors and a Senior Inspector delivered a diverse program in preventative and environmental health. An ideal staffing level would have been one additional inspector to provide a more comprehensive program. Instead, the district inspectors tackled larger districts and the Senior Inspector whose primary duties are administration and supervision also covered a district, although reduced in size.

As a result the targeted level of surveillance and spot-checks could not be provided as desired. However we were successful in conducting all scheduled annual inspections of facilities requiring licences or permits. Such facilities consisted of slaughter houses, eating establishments, bakeries, hotels, motels, trailer and mobile home courts, campgrounds, institutional camps, tourist accommodations and public swimming pools. Annual inspections of many non-licensed/permitted facilities such as food stores, butcher shops, barber shops, beauty salons, schools, nursing homes and hospitals were not all conducted due to time restraints. However, if complaints or requests were received on any of these facilities, inspections were conducted as soon as possible.

Complaints, referrals, requests and inquiries on a wide range of subjects remained constant. These usually dictated further investigation or field inspections. This in turn presented challenges in achieving the scheduled program of inspections.

The identification of insects and outlining control measures in cases of insect infestations was a common request. So too was providing assistance and advice in the treatment, analysis interpretation and problem solving associated with private water supplies.

Indoor air quality problems in public buildings and private residences seem to be more common as occupants relate their symptoms to their location. Although our testing capabilities are limited they usually prove sufficient in combination with investigation, assessment and the implementation of remedial measures. The most common problem associated with indoor air quality that we encountered was the accumulation of carbon dioxide that results from keeping the building closed up all winter with no fresh air ventilation. The carbon dioxide is generated from normal respiration and combustion. Complaints, as a result, include drowsiness, lethargy and headaches. Simple ventilation such as opening

windows corrects the problem immediately.

The second most common indoor air quality complaint seems to be "sewer gas" which is almost always attributed to a floor drain or plumbing fixture drain trap that has dried up. Plumbing fixtures and drains have water traps to prevent the sewer pipes from venting inside the building. Winter months especially seem to cause evaporation of these traps if not filled frequently by usage and the result is the foul odour from the sewer entering the indoor environment.

Prior to the operation of indoor rink facilities a mail-out was conducted to advise rinks that use mechanical ice-resurfacing equipment about the potential hazards of carbon monoxide concentrations. Almost all rinks have converted to propane-powered resurfacing equipment but if their equipment is not properly tuned by a qualified technician, these units can exhaust excessive levels of carbon monoxide, thereby presenting a potential health risk to the occupants of the rink.

This year as in past years requested tests were conducted for carbon monoxide during and after ice resurfacing operations in an effort to assist rinks in obtaining optimum public safety.

The unapproved manufacture and sale of food products is an ever-increasing occurrence in the region. Although a licence or permit is not required, several regulations exist that pertain to sanitation, transportation, packaging and labelling. Other regulatory agencies are also involved. When such products are sold within the region unknown to us, a potential risk exists to the consumers.

In November the Federal Government banned the sale of raw milk (unpasteurized) at the farm gate. We continue to advise and educate both the producers and the public of the hazards of raw milk consumption.

Shoreland recreational cottage development surveys were conducted this year on several subdivisions to ascertain sewage disposal compliance to the Shoreland Pollution Control Regulations. The most frequent infraction encountered is the discharge of "grey water" to the ground surface or into the subsoil. Grey water is the liquid effluent from plumbing fixtures other than a toilet. Regulations do not permit any discharge from any plumbing fixture to anywhere other than an approved sewage holding tank. Cottage owners were informed of any non-conforming practises and a follow-up survey was scheduled.

An additional program of sampling private wells in the rural area surrounding the Village of Love was

conducted again to ascertain levels of naturally occurring arsenic. This survey involved over forty wells and was conducted in cooperation with the Department of Environment and Public Safety, and the Saskatchewan Water Corporation. The survey was to acquire additional information as to the extent of this occurrence and to provide information to the residents who have wells with such levels over the recommended concentration.

Our education training programs continue to carry a high priority. New regulations governing eating establishments now require staff preparing and serving food to be trained in proper food handling techniques and sanitation practices. This region has offered this training to restaurants, institutions, volunteers and the general public since the mid 1970's. Now that it is compulsory for eating establishments our courses are targeting restaurant personnel. The inspectorate staff were successful in training and certifying 277 food handlers this year. Past efforts have proved rewarding in that the vast majority of food handlers in the region are trained.

Likewise the Swimming Pool Operators' Course Level I is compulsory for public swimming pool operators before a licence can be issued to operate the pool. A course conducted in May had twenty-four individuals from the region attend and certify.

It is our opinion that these educational programs most definitely enhance the level of public safety and regulatory compliance.

This year two inspectors were fortunate to be selected for training in community emergency planning. This one week course is conducted by Emergency Planning Canada in Arnprior, Ontario. A third inspector is scheduled to attend in the new year. This training provides the inspectors with the ability and knowledge to assist local Emergency Measures Organizations concerning their planning and responses in the event of a community emergency.

During the normal course of district program delivery the inspectors try to maintain contact with the local boards of health in each municipality on matters pertaining to health and environmental issues. Cooperation with local boards and councils has been excellent in achieving a combined effort in addressing and abating public health nuisances and potential health hazards.

Health standards remain high in this region, a tribute to both the residents of the region, the boards of health, and the diligence and dedication of the public health inspectors.

I respectfully submit this report and welcome any inquiries or requests for additional information.

Doug Terry
Senior Public Health Inspector

# PUBLIC HEALTH INSPECTION STATISTICS

| Programs | # of Facilities | # of Inspections | # Field Visits | # Plans Reviewed |
|---|---|---|---|---|
| Foor Eating Establishment | 341 | 346 | 179 | 30 |
| Food Distribution | 110 | 12 | 13 | 0 |
| Food processing/Other | 38 | 14 | 19 | 1 |
| Food processing/Licensed | 36 | 36 | 12 | 0 |
| Liquor Outlets | 57 | 60 | 22 | 6 |
| Institution/Housing | 130 | 15 | 63 | 8 |
| Licensed Accommodations | 172 | 172 | 43 | 3 |
| Recreation/ Public Facilities | 43 | 4 | 18 | 6 |
| Industrial/Agricultural Facilities | - | 1 | 13 | 0 |
| Personal Services | 95 | 4 | 6 | 0 |
| Communal Sewage | 1 | 5 | 63 | 0 |
| Non-communal Sewage | - | - | 33 | 0 |
| Solid Waste | - | - | 82 | - |
| Plumbing | - | - | 103 | 2 |
| Communal Water | 1 | 1 | 78 | 0 |
| Public Water | 12 | 1 | 20 | 0 |
| Private Water | - | - | 88 | 2 |
| Swimming Pools | 32 | 32 | 80 | 11 |
| Other Consultation | - | - | 2033 | - |
| TOTALS | 1068 | 703 | 2968 | 69 |

* The "number of inspections" reflects the targeted minimum of one annual formal inspection with a written report. The "number of field visits" reflects inspections conducted where a formal written inspection report was not necessary. "Other consultations" reflects the number of consultations that inspectors provided on any and all of the activity categories from their offices either by telephone, written correspondence or appointments.

| # OF OCCURRENCES | | | Percentage | |
|---|---|---|---|---|
| COMPLAINTS: | -sewage: | 34 | 16.4 | ***OTHER:** Includes insect/ |
| | -habitation: | 46 | 22.2 | rodent infestations, solid waste, |
| | -food: | 25 | 12.1 | water supplies, public facilities |
| | -other*: | 102 | 49.2 | public health hazards and |
| | **TOTAL** | **207** | **100 %** | nuisances. |
| SAMPLES: (water/food) | | 158 | | |
| LAND USE REFERRALS | | 80 | | |
| PUBLIC EDUCATION | | 26 | | |
| SURVEYS/PROJECTS | | 52 | | |
| DISEASE INVESTIGATIONS | | 10 | | |

| ACTIVITY | AVERAGE % WORKLOAD |
|---|---|
| Inspections/Visits/Consults | 30% |
| Sampling | 1% |
| Complaints | 3% |
| Public Education | 3% |
| Surveys | 3% |
| Travel | 18% |
| Staff Research/Development* | 9% |
| Meetings | 7% |
| Administration/Documentation/Reporting | 26% |
| | 100% Total |

*Includes training courses, upgrading, inservice education, orientation and technological review and updating to keep current with changes and advances.

| EDUCATION COURSES | CONDUCTED | # CERTIFIED |
|---|---|---|
| NSTP FOODHANDLING SCHOOL | 12 | 277 |
| Swimming Pool Operators' Course | 1 | 24 |

## DENTAL HEALTH EDUCATOR'S REPORT

The Dental Health Education Program with Community Health Prevention Services Branch is now in its 5th year of operation. Through the efforts of the 22 full and part-time Dental Health Educators, the provincial program has evolved into an exciting teaching experience. At the quarterly dental health educator's program staff meetings it has become apparent that each region has its own unique set of circumstances which requires equally unique handling by each dental health educator, while at the same time, maintaining a basic level of core service throughout the province, based on the program's goals and objectives.

Since its inception in September 1987, the Dental Health Education Program has assessed needs and priorized services to attempt to meet those needs in the community. The Melfort-Tisdale Health Region is staffed by 2 positions - 1 full time, Myrna Ruthven in Humboldt who covers Humboldt Town, Humboldt Rural, Wakaw, Lanigan and Wadena School Divisions and two job sharers, Shari Moneta, Melfort and Celia Schreiner, Nipawin who cover the Melfort, Kinistino, Tisdale, Hudson Bay, Nipawin and Tiger Lily School Divisions

The main focus of the program remains with the Kindergarten to Grade 6 classroom presentations in all schools. The lessons are specifically honed to the classroom curriculum for each grade and each highlights concepts and information which the children can grasp. Tooth-brushing is introduced in Kindergarten and expanded on in Grades I & II with flossing introduced in Grade III. Basic information on plaque, its formation and control, sugars, etc. is also introduced at Kindergarten and expanded upon throughout the grades with students learning by practical application and follow-up activities. Dental safety, nutrition, fluorides and periodontal disease, are all introduced at an appropriate level.

One of the main objectives of the lessons is to promote personal responsibility for each child's dental health, and to enable each child to accomplish this goal by teaching and refining their grasp of the necessary skills.

In an effort to educate the younger child and their parents, Dental Health Educators have made available a pre-school kit of dental information which is lent out for the use of 3 and 4 year olds in facilities such as community daycares, private daycare/baby sitting homes, library story hours and play/pre-school groups. The kit contains an itemized teaching guide for care-givers, as well as learn through play activities, games,

puzzles, stories and several follow-up activities such as colouring sheets for the children, and pamphlets for the parents. All contain dental health messages on how the parent can be involved in the child's dental care. In many cases, the Dental Health Educator is asked to give the presentation to the children. At library story hours, where the parent remains with the child, it presents an excellent opportunity for the Dental Health Educator to introduce herself to the parents and to dialogue on dental health on a personal basis.

Dental Health Educator's continue to maintain and facilitate all existing school-based fluoride mouth rinse programs and to encourage schools to start programs where the level of fluoride is below the optimum level of 1 ppm. We have 17 mouth rinse programs currently operating in our health region for a total of 1974 participants and we enjoy excellent co-operation from the parents and school staff involved.

During the growth of the Dental Health Program over the past four years certain groups/areas have been targeted for dental health in addition! to those already mentioned. One of the most interesting and significant during 1991 has been the development of presentations concerning seniors, a group whose dental health has to a great extent been overlooked in the past. With the number of seniors increasing dramatically we have pursued teaching:

a) the staff in Special Care Facilities
b) Special Care/Home Care students studying through S.I.A.S.T., Kelsey Campus
c) Senior Citizens groups and Associations.

We have found great acceptance through these groups and are being invited back on an annual basis to teach subsequent dental health modules and inservices to students and care-givers alike.

Another targeted area is to reach the parents of the very young child. This is being accomplished in various hospitals in the region by the provision of a hospital visit by the Dental Health Educator to moms of newborns. An envelope containing valuable information on early dental health, particularly fluoride supplementation, tooth eruption and nursing bottle caries is shared with the mom which gives her an excellent opportunity to ask questions. We have enjoyed excellent co-operation and interest from the parents and hospital staff in the consensus that it is never too early to equip the parents with helpful information which will enable them to develop good life long practices in their child.

In addition to the preceding activities we act as a resource to the general

public, answering their questions and offering advice when requested. This is done on an individual basis as well as through trade fairs, mall displays and health fairs especially during Dental Health Month in April.

The main Dental Health Month promotion has been the Dental Health Month Baby. The first baby born in April in local hospitals is presented with a basket containing donated dental products, dental health information and story books designed to promote an early start to good dental health. This promotion is run through 75 hospitals province-wide and has been a tremendous success. Dental Health Educators have arranged for media coverage in local newspapers which not only profiles their program, but hospitals, and their staff and companies who have donated their products. We were happy to present 10 baskets throughout our region in 1991.

In summary we feel through the activities presented in this report the health outcome is significant. Many more people other than elementary school students are being exposed to and have access to dental health information. The level of awareness of good dental health is increasing year by year thereby subsequently reducing the cost of dental treatment services.

We look forward to another year of growth and development in the Dental Health Education Program in 1992.

Shari Moneta
Celia Schreiner
Myrna Ruthven
Dental Health Educators

## DENTAL HEALTH EDUCATION STATISTICS

School Based Presentations:

| | |
|---|---|
| Number of schools visited | 75 |
| Number of presentations to K-6 students | 475 |
| Number of K-6 students | 8558 |

Senior Education Presentations:

| **Special Care Facilities** | **No. of Staff attending Inservice** |
|---|---|
| Arborfield Special Care Home (2) | 20 |
| Carrot River Pasqua Special Care home | 10 |
| Humboldt VON's | 36 |
| Tisdale Sasko Park Lodge | 40 |
| Melfort Nirvana Pioneer Villa (2) | 35 |
| Hudson Bay Pioneer Lodge | 15 |

| SIAST Special Care/Home Care Aide Course | No. of Students |
|---|---|
| Melfort - presented 3 separate dental health modules | 16 + 7 + 14 |
| Lanigan | 37 |
| Humboldt | 26 |

| Senior Citizen Groups | No. attending |
|---|---|
| Wadena | 22 |
| Nipawin | 45 |
| Beatty | 11 |
| Muenster | 22 |
| Kelvington | 28 |

## EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

The past year has been a busy one. The Early Childhood Psychologist (ECP) provided services for both the Melfort-Tisdale (except the Wadena and Humboldt District Offices) and the Prince Albert Health Regions. Fifty-five percent of the time was spent at the Prince Albert Health Region and forty-five percent at the Melfort-Tisdale Health Region.

The Early Childhood Psychology Program provides psychological, consultative and preventive services to preschool children and their families in these Health Regions. Details of the Early Childhood Psychologist's activities are presented in Table I.

Because of serving two health regions, there are time restrictions such that the ECP is basically providing services mainly in the area of assessment. The ECP is not able to provide sufficient services in the areas of parent counselling, follow ups and parent education. Some parent counselling was done when the schedule allowed such but this was not done on a regular basis. For follow-ups, the ECP has become mainly a referral person for other community agencies such as day care centres, Early Childhood Intervention Programs, Parent Aides, social services, etc. to assist the clients and their families. The ECP monitors programming and provides resources.

For both the Prince Albert and Melfort-Tisdale Health Regions, a total of one hundred and nine (109) new referrals were received with a monthly average equalling nine (9) new children. The average waiting period for new referrals to be seen was three months. In the Melfort Albert Health Region, fifty-one (51) percent of the referrals were received from Public health Nurses, seven (7) percent were from the Speech-Language pathologist, nine (9) percent from parents and thirty-two (32) percent were from Physicians, Day Care Centres, Parent Aides and Social Services.

A total of three hundred and eight (308) appointments with about that many clients were made in both health regions. These included assessments with clients, counselling with the parents and case conferences with the community agencies.

The ECP travelled regularly to the District Offices to meet the clients. There were similar numbers of caseload from Melfort, Tisdale and Nipawin. The number of clients in the area of Hudson Bay has been gradually decreasing because of the migration of the population.

Early Childhood Intervention Program Admissions and Review Committees regularly. The ECP reviewed the children involved in

these programs with the Early Interventionist consistently. A considerable amount of time was also devoted to consultation and programming services for Special Needs Children in the day care centres.

The ECP gave presentations to community groups, such as day care staff, parent aides, parent groups, etc. on the topics of child development, child behaviour, etc.

The ECP also represents the Department of Community Prevention Health Services on the Provincial Early Childhood Intervention Program Council which meets three times a year.

A review of the ECP program was requested by the Executive Director of Community Health -Prevention Services Branch. The purpose of the evaluation is to identify the strengths, weaknesses and the current status of the ECP program. From the results of the evaluation, there are fifteen (15) recommendations for the ECP program. There will be a follow-up in 1992.

I would like to thank the staff of both Health Regions for their co-operation and support during this year.

Ruth Wong
Early Childhood Psychologist

**TABLE I: Details of Early Childhood Psychologist Activities in 1991.**

| | Average of Percent of Total Time |
|---|---|
| Direct Contact | 23.7 |
| Casework Administration | 28.1 |
| Public Education | 0.9 |
| Professional Development | 1.4 |
| Travel | 30.6 |
| General Administration | 15.3 |

**Table II: Early Childhood Psychologist Statistics**

| | 1991 | 1990 | 1989 |
|---|---|---|---|
| Average Monthly Caseload | 44 | 72 | 64 |
| Number of New Referrals | 43 | 59 | 52 |
| Number of Discharges | 87 | 38 | 69 |
| Appointments with or for children per month | | | |
| Services provided | | | |
| 1. Assessment | 66 | 69 | 70 |
| 2. Other: Counselling and case conference | 62 | 44 | 55 |
| Total | 128 | 113 | 125 |
| Average Number of Appointments | 10.7 | 9.4 | 10.4 |
| Source of New Referrals | | | |
| 1. Public Health Nurse | 51.1% | 50.8% | 69.2% |
| 2. Speech-Language Pathologist | 7.0% | 11.9% | 0.0% |
| 3. Parent/Guardian | 9.3% | 6.8% | 5.8% |
| 4. Other: physician, day care social services, etc. | 32.6% | 30.5% | 25.0% |
| Discharges | | | |
| Reason for Discharge | | | |
| 1. Transfer to other agency | 32.1% | 48.7% | 34.4% |
| 2. Moved out of region | 7.0% | 5.2% | 7.8% |
| 3. Service refused | 16.1% | 33.3% | 21.9% |
| 4. Goals reached | 44.8% | 12.8% | 34.4% |
| 5. Others | 0% | 0% | 1.6% |

## PUBLIC HEALTH NUTRITIONIST'S REPORT

The main responsibility of the nutritionist is to promote optimal nutritional health for the community. This is achieved through the provision of consultative services, information, educational resources, counselling and programs for branch staff, other professionals and community members. The nutritionist works with all age groups encouraging healthy people to remain healthy. There is one nutritionist for the region of 70,966 people (Vital Stats, 1989).

In April of 1991, the nutritionist position, previously shared with the Prince Albert Health Region was de-twinned. I was pleased to come on staff. Heather McAvoy continues to serve the Prince Albert Region. De-twinning has resulted in a large increase in services provided. For example, 400 individual information requests from staff and the public were handled in 1991 compared to 149 (1990).

Despite this increase in services, there remains a ratio of 1 dietitian/nutritionist to 14,193 people in the region (includes regional and hospital dietitians). This remains 2.6 times the ratio of 1:5500 suggested by the Murray Commissions review of health care services in the province in 1990. As a result of this high ratio, priority setting is often a problem. There are many more demands than can be effectively managed. For example, studies continue to identify multiple nutritional problems in school children. I provided nutrition education workshops for 47 school teachers to assist them in promoting positive eating and activity patterns to their students. However, this represents only 47 classrooms out of 70 schools in the region.

Currently 25% of Saskatchewan children live in families falling below the poverty line. It is difficult for 1 staff member to address the impact of this problem in the region. I have recently become a board member of the Melfort Food Bank. I hope to get a better feel for local hunger problems and begin working towards some solutions.

Heart disease remains a major public health problem claiming 35% of all deaths each year in Saskatchewan. Many of these deaths are the result of poor lifestyle habits. 120 people attended "Eat Smart for Your Heart" seminars conducted in the region this year. Seminar participants receive a knowledge post-test 3 months after attending. They also have the option of receiving a quarterly nutrition newsletter. Preliminary post-test scores reveal a knowledge increase from 63% to 80%. To help consumers make healthier choices when purchasing food, I held several

grocery store tours in the region. These tours are a very popular and effective means of nutrition education. To be effective, the group size must be 8-15 people. It is frustrating to spend 4 hours of a day travelling for a one and a half hour tour for 10 people. However, I enjoy doing the tours and the demand remains high.

In June of this year, I was involved in launching the Heart Smart Restaurant Program in Melfort. This is a public education program of the Heart and Stroke Foundation designed to help consumers make good food choices when eating out. I look forward to the expansion of this program in 1992.

March is national Nutrition Month in Canada. Many promotional activities took place. Nutrition updates and workshops were held for many groups including nursing staff, church groups, parent aids and others during March and throughout 1991.

Sports nutrition workshops were held for the Melfort Mustangs and Nipawin Hawks SJHL teams. Some players were also seen for weight counselling. I became the Provincial Sports Science Projects nutrition consultant for this part of the province. As more people get involved in fitness, the area of sports nutrition is one that will continue to grow.

With seniors being the fastest growing segment of the population, many seniors approached me this year for nutrition workshops and with individual questions. In the future I would like to develop specific programs for and assess in more detail the nutritional status of the seniors in Health Region #11. I have many concerns about nutritional deficiencies and weight problems in the elderly.

The Saskatchewan Heart Health Survey of 1990 revealed that 1/3 of Saskatchewan adults are overweight. This poses many public health problems as excess weight can lead to high blood pressure, high cholesterol, diabetes, poor self-esteem and other preventable problems. There are also many people who, despite being within a healthy weight range, are dissatisfied and have a very distorted body image. 148 people attended workshops addressing these concerns. There are no support groups in the region for overweight individuals or people with eating disorders. Again, this is very necessary but currently not feasible with only one staff member.

I worked with the media in printing weekly "Nutrition Matters" columns. I receive positive comments from the public regarding these. The media is a very powerful vehicle for nutrition education when resource people are so limited. A lot more could be

done, however, the newspapers already very graciously provide this service free of charge.

I was pleased to have 2 community nutrition interns work with me for one week. This was one week of a 45-week program which trains these post-degree students to work in public health nutrition. For my own professional development, I was fortunate to attend the Canadian Public Health Association's conference regarding reducing inequities in health care. I also attended the Saskatchewan Dietetic Associations Spring Conference.

I was a member of three nutrition sub-committees this year. I enjoy this work as it provides an opportunity to work with my colleagues from other regions who also operate single-member programs.

Forty-one people received individual nutrition counselling this year. With changing family structures, increased reliance on convenience foods and less time for traditional meals many more food-related problems are developing and will require support. I would also like to provide more nutritional support for women in the pre and post-natal periods.

My first 9 months in the region have been challenging and enjoyable. A formal provincial evaluation of the nutrition program in 1991 revealed very positive data on the current program. However, I would like to see the program expand to be more pro-active in the areas of local hunger, seniors programming, community coalition building, breastfeeding promotion and the other areas mentioned.

Thank you to all who have made me feel at home in Health Region #11 and have made my job easier. I look forward to the challenges and rewards of 1992!

Patricia Craven
Public Health Nutritionist

## Nutrition Program Statistics - 1991

### Community Nutrition Workshops

Total #: 44 (average 3.7/month)
Total Attendance: 870 people

Workshops by Subject:

| | |
|---|---|
| • Grocery Store Tours | 21% |
| • Weight Control Issues | 14% |
| • Eat Smart For Your Heart | 11% |
| • Workshops for Seniors | 11% |
| • Professional Inservices | 9% |
| • Dairy Foundation Nutrition Education Workshops for Teachers | 7% |
| • Sports Nutrition | 7% |
| • Other Heart Health | 4% |
| • Misc. Other | 16% |

### Consultations

| | |
|---|---|
| • Branch Staff and other professionals | 324 |
| • General public requests for information | 76 |
| (Average 33.3/month) | 400 |

| Individual Clients | # Counselled |
|---|---|
| • Prenatal Lifestyle Assessments | |
| - screened | 249 |
| - counselled | 19 |
| • Child 0 - 5 years | 12 |
| • Child 6 - 19 years | 7 |
| • Adult 20 + years | 3 |
| | 41 |

**NOTE:** Excluding media and marketing activities, 1570 individuals received direct nutrition services in 1990. This represents 131 people per month (based on an average of 20 work days/month and excluding holidays). This does not account for 8% (or 16 hrs/month) of time spent travelling. It also does not represent information spreading down-for example from school teachers to students. 1570 is only 2% of the region population. A definite need for more nutritionists exists.

## SPEECH AND LANGUAGE PATHOLOGIST'S REPORT

After covering the Melfort-Tisdale Health Region for four years it has been reinforced to me that Speech Pathology is an ever growing profession were types of service are as diverse as the people who use the service. No two clients are exactly alike and therefore each case requires individual planning and programming.

The main emphasis of the Community Health Prevention Services Branch Speech Language Pathology program is prevention. We strive to prevent long standing communication difficulties by dealing with disorders or delays that are often evident very early in life. Our mandate includes service to preschool children and adults. The population is served through assessment, diagnosis and treatment of communication disorders, parent\caregiver education, and public education.

Consistent demand for service continued through out the year and the Health Regions needs were met only through the assistance of Karen Wasylenko (Saskatoon Rural Speech Patholgist) serving Humboldt district and Jay Rindahl and Lorene Froc (Prince Albert Speech Pathologist's) covering Nipawin district. The need for a second Speech Language Pathologist in the region has not diminished.

As in the past it has been important to rely on some local organizations as well as other professionals in order to provide the best program for those people using speech and language services. I was able to make use of 'Special Needs Grants' from the provincial government to set up specific programming for a number of children attending local daycares. The support and assistance of the daycare staff helped these projects to work. Programming for clients was also enhanced by accessing organizations such as the Early Childhood Intervention Program, Social Services, Mental Health and other services within Public Health.

The addition of a Medical Health Officer (who is presently also serving the Prince Albert Health Region) has brought with it some change in the region. Dr. Malcolm Bryant has strived to spend time learning about each discipline and offered suggestion and support in dealing with program challenges. I look forward to continues interaction with Dr. Bryant.

Computer use and knowledge continues to expand and further applications within the profession are continually arising. This year we purchased several programs that allow for in depth assessment using the computer. During the learning process use is somewhat slower but

repeat use shows definite rate increases. I look forward to the opportunity to expand in the area of computers.

With the reduction of transfer payments from the Federal Government it was necessary to institute some additional record keeping to determine how much service we provide to the Native population. The effect of this varies through out the province according to the resident native population. Although the number of Reserves in this area are high the number of referrals from them have been minimal since this the record keeping began in September.

The upcoming year promises to be a challenge. In March 1992 I will starting maternity leave and the hope is to have my position covered while I am away with my anticipated return in Sept. I would like to thank all the people I have worked with this past year and look forward to continued involvement in 1992.

Cindy Neigel
Speech and Language Pathologist

**Source of Referrals**

| | Preschool | Adult |
|---|---|---|
| Public Health Nurse | 102 | 2 |
| Early Childhood Psychologist | 12 | 0 |
| Doctor | 13 | 16 |
| Parent | 17 | 0 |
| Other | 26 | 4 |
| | 170 | 22 |

| | | |
|---|---|---|
| Number of Assessments Completed: | 146 | 15 |
| Number of Reviews Completed: | 68 | 4 |

Percentage of Caseload by Age Group:

| | Dec. 1989 | Dec. 1990 | Dec. 1991 |
|---|---|---|---|
| Preschool | 90.0% | 91.4% | 91.4% |
| School age | 0.0% | 0.0% | 0.0% |
| Adults | 10.0% | 8.6% | 8.6% |

Speech Pathologist's Activities by Category:
(Average per month)

| | 1989 | 1990 | 1991 |
|---|---|---|---|
| Casework | 65.6% | 63.8% | 65.5% |
| Administration | 13.4% | 15.3% | 16.1% |
| Travel | 10.4% | 11.5% | 9.1% |
| Professional Development | 7.8% | 7.5% | 6.8% |
| Public Education | 2.8% | 1.9% | 2.5% |